

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ACCORDANCE		APPLICANT ACCORDANCE	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		3				
7		3				
8		1				
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50						
TOTAL IND.	6					
TOTAL DEP.		11				
TOTAL CLAIMS	15					

	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL CLAIMS						